Exhibit A

OCIAL SECURITY ADMIN	STRATION		·	7	OE 250				Form Approved OMB No. 0949-001 FOR SSA USE ONLY
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(b) Enter the names and relationships of any other people who live with the claimant. NAME. RELATIONSHIP (c) Enter the claimant's residence and mailing address (if different from yours). Residence: Mailing: Telephone Number: (d) Do you expect the claimant's living arrangements to change in the next year? YES NO If YES, explain what changes are expected and when they dill occur. (Use Remarks if you need more living natural or adoptive parent? (b) Address of parent. (c) Telephone number.	
(c) Enter the claimant's residence and mailing addreses (if different from yours). Residence: Mailing: Telephone Number (d) Do you expect the claimant's living arrangements to change in the next year? YES NO If YES, explain what changes are expected and when they will occur. (Use Remarks if you need more possible child(ren) have a living natural or adoptive perfeit? YES NO If YES, enter: (a) Name of parent.	
Residence: Mailing: Telephone Number: (d) Do you expect the claimant's living arrangements to change in the next year? [] YES [] NO If YES, explain what changes are expected and when they dill occur. (Use Remarks if you need more to the parent, Does the child(ren) have a living natural or adoptive parent? [] YES [] NO If YES, enter: (a) Name of parent.	200 to the date and have made
7. If you are applying on behalf of minor child(ren) and you are not the parent, Does the child(ren) have a living natural or adoptive parein? [If YES, enter: (a) Name of parent (b) Address of parent	
Does the child(ren) have a living natural or adoptive parent If YES, enter: (a) Name of parent (b) Address of parent	: space.)
(d) Does the purem show interest in the shild? YES NO	
8. Listithe names, and relationship of any (other) relatives or close friends who have provided support and/or show active interest vectories. Describe the type and enjount of support and/or how interest is displayed. NAME ADDRESS/PHONENO RELATIONSHIP DESCRIBE SUPPORT/INTER	
9. Check the block that describes your relationship to the claimant. (a) Official of bank, agency or institution with responsibility for the person. Enter below which you represent: Bank	
IF (b), (c), (d), or (c) ABOVE CHECKED, GO ON TO QUESTION 12	

0.	(a) Enter the name of the institution
	(B) Enter the EIN of the institution
11.	Is the claimant indebted to your institution for past care and maintenance? YES NO If YES, give the amount of the debt, the date(s) the debt was incurred and a description of the debt.
OR	MATION ABOUT INDIVIDUALS APPLYING TO BE REPRESENTATIVE PAYEE
12.	EMER: YOUR NAME
	DATE OF BIRTH
	SOCIAL SECURITY NUMBER
	ANY OTHER NAMES YOU HAVE USED
	OTHER SSN'S YOU HAVE USED
13.	How long have you known the claimant?
]4.	Does the claimant owe you any money now or will he she one you money in the future YES WO
	If YES, enter the amount helshe owek you, the state(s) the debywas will be incurred and describe why the debywas will be incurred
15.	If the claimant lives with you, who takes care of the claimant when work or other activity take you away from frome? What is his/hiciationship to the claimant?
	Employed (answer (b) helow) Self-employed (Type of Business Social Security or Black Lung benefits (Claim Muneber Pension (describe Supplemental Security Income payments (Claim Number AFDC (County & State Other (describe Other (describe
	ib) Enser your employer's name and address:
	How long have you been employed by this employer? (If less than 1 year, enter name and address of previous emplyer in Remarks.)
17.	Have you ever been convicted of a felony? YES NO
	If YES: What was the crime?
	On what date were you convicted?
	What was your sentence?
	If imprisoned, when were you released?
	If probation ordered, when did will your probation end?

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SOCIAL SECURITY Information for Representative Payees Who Receive Social Security Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- * the claimant DIES (Social Security entitlement ends the month before the month the claimant dies);
- the claimant MARRIES, if the claimant is entitled to child's, widow's, mother's fathers's, widower's or parent's benefits, or to wife's or husband's benefits as a divorced wife/husband, or to special age 72 payments;
- the claimant's marriage ends in DIVORCE or ANNULMENT, if the claimant is entitled to wife's, husband's or special age 72 payments;
- the claimant's SCHOOL ATTENDANCE CHANGES if the claimant is age 18 or over and entitled to child's benefits as a full time student;
- the claimant is entitled as a stepchild and the parents divorce (benefits terminate the month after the month the divorce becomes final);
- the claimant is under age 70 and WORKS for more than the annual limit (as determined each year) or for more than the allowable time (for work outside the United States);
- the claimant receives a GOVERNMENT PENSION or ANNUITY or the amount of the annuity changes, if the claimant is entitled to husband's, widower's, or divorced spouse's benefits;
- * the claimant leaves your custody or care or otherwise CHANGE ADDRESS
- the claimant NO LONGER HAS A CHILD IN CARE, if he/she is entitled to benefits because of caring for a child under age 16 or who is disabled;
- * the claimant is confined to jail, prison, penal institution or correspond facility for CONVICTION OF A CRIME;
- * the claimant is confined to a public institution by court order in connection WITH'A CRIME.

IF THE CLAIMANT IS RECEIVING DISABILITY BENEFITS, YOU MUST ALSO REPORT IF:

- the claimant's MEDICAL CONDITION IMPROVES;
- the claimant STARTS WORKING;
- the claimant applies for or receives WORKER'S COMPENSATION BENEFITS, Black lung Benefits from the Department of Labor, or a public disability fenerit;
- the claimant is DISCHARGED FROM THE HOSPITAL (if now hospitalized).

IF THE CLAIMANTAS RECEIVING SPECIAL AGE 32 PAYMENTS, YOU MUST ALSO REPORT IF:

- * the claimant or spouse becomes ELIGIBLE FOR PERIODIC GOVERNMENTAL PAYMENTS, whether from the U.S. Federal government on from any State or local government;
- * the claimant or spouse receives SUPPLEMENTAL SECURITY INCOME OF PUBLIC ASSISTANCE CASH BENEFITS:
- the claimant or spouse MOVES outside the United States (the 30 States, the District of Columbia and the Northern Mariana Islands)

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment
 that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to tell us as soon as you know you will no longer be able to act as representative payee or the claimant no longer needs a payee.

Keep in mind that benefits may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

Form SSA-11-BK (2-2000)

Page 5

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given us all the inform	us withindays after you have mation we requested. Some claims tional information is needed.	
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Form SSA-31-BK (2-2000))	Page 6

SUPPLEMENTAL SECURITY INCOME Information for Representative Payees Who Receive SSI Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant or any member of the claimant's household DIES (SSI eligibility ends with the month in which the claimant dies);
- * the claimant's HOUSEHOLD CHANGES (someone moves in out of the place where the claimant lives);
- the claimant LEAVES THE U.S. (the 50 states, the District of Columbia, and the Northern Mariana Islands) for 30 consecutive days or more;
- * the claimant MOVES or otherwise changes the place where he/she actually lives;
- the claimant is ADMITTED TO A HOSPITAL, skilled nursing facility, nursing home, intermediate care facility, or other institution;
- the INCOME of the claimant or anyone in the claimant's household CHANGES;
- the RESOURCES of the claimant or anyone in the claimant's household CHANGES.
- the claimant or anyone in the claimant's household MARRIES;
- the marriage of the claimant or anyone in the claimant's household ends in DIVORCE or ANNULMENT:
- the claimant SEPARATES from his/her spouse;
- the claimant is confined to jail, prison, penal institution of correctional facility for CONVICTION OF A CRIME;
- * the claimant is confined to a public institution by court order in connection WITH A CRIME.

IF THE CLAIMANT IS RECEIVING PAYMENTS DUE TO DISABILITY OR BLINDNESS, YOU MUST ALSO REPORT IF:

- * the claimant's MEDICAL CONDITION IMPROVES:
- * the claimant GOES TO WORK:
- * the claimant's VISION IMPROVES, if the claimant is entitled due to buildness;

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony.

PAYMENT MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed. (Savings are
 considered resources and may affect the claimant's eligibility to payment.);
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment
 that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee;
- you will be asked to help in periodically redetermining the claimant's continued eligibility or payment. You will need to keep evidence to help us with the redetermination (e.g., evidence of income and living arrangements).
- you may be required to obtain medical treatment for the claimant's disabling condition if he/she is eligible under the childhood disability provision.

Keep in mind that payments may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

Form	SSA-11-BK	(2-2000)

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	RECEIPT FOR Y	OUR REQUEST
our request for SSI pay amed below has been uickly as possible.	ments on behalf of the individual(s) received and will be processed as	payable, you—or someone for you—should report the change. The changes to be reported are listed on the reverse.
iven us all the inform	us withindays after you have nation we requested. Some claims onal information is needed.	Always give us the claim number of the beneficiar when writing or telephoning about the claim.
the meantime, if you some other chang	u change your address, or if there e that may affect the benefits	If you have any questions about this application, we will be glad to help you.
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BLACK LUNG BENEFITS Information for Representative Payees Who Receive Black Lung Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant DIES:
- * the claimant receives STATE WORKER'S COMPENSATION based on the miner's disability, or the amount of such compensation changes;
- the miner receives UNEMPLOYMENT INSURANCE;
- . the claimant IS WORKING or RETURNS TO WORK;
- the claimant MARRIES or REMARRIES, if the claimant is entitled to child's, widow's, brother's or sister's benefits:
- the claimant begins to RECEIVE SUPPORT PAYMENTS from his/her spouse, if the claimant is entitled to brother's or sister's benefits:
- the claimant is ADOPTED, if the claimant is entitled to child's benefits;
- * the claimant's MEDICAL CONDITION IMPROVES, if the claimant is entitled to disabled child's brother's or sister's benefits;
- the claimant is age 18 to 23 and STOPS ATTENDING SCHOOL, in the claimant is entitled to child's, sister's or brother's benefits.

In addition to these events about the claimant, you must also notify us if:

- * YOU change your address;
- . YOU are convicted of a felony.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

REMEMBER:

- * payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault,
- · you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide as with a correct accounting;
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee.

Keep in mind that benefits may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

Form SSA-11-BK (2-2000)

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SPECIAL BENEFITS FOR WORLD WAR II VETERANS Information for Representative Payees Who Receive Special Benefits for WW II Veterans

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant DIES (special veterans entitlement ends the month after the claimant dies);
- the claimant returns to the United States for a calendar month or longer;
- the claimant moves or changes the place where he/she actually lives;
- the claimant receives a pension, annuity or other recurring payment (includes workers' compensation, veterans benefits or disability benefits), or the amount of the annuity changes;
- the claimant is or has been deported or removed from U.S.;
- the claimant left a jurisdiction within the U.S. to avoid prosecution or custody or confinement after conviction for a crime that is a felony, or in New Jersey, a high misdemeanor;
- the claimant is in violation of a condition of probation or parole.

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR, You can make your reports by relephone, mail or in person. You can contact any U.S. Embassy, Consulate, Veterans Affairs Regional Office in the Philippines or any U.S. Social Security Office.

REMEMBER:

- payments must be used you the claimant's current needs or saved it not currently needed;
- · you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- · you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting.
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee.

Form SSA-11-BK (2-2000)

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ELEPHONE MINBERS) DECISION NOTICE RECEIPT FOR YOUR REQUEST Your request for Special Benefits for WW II Veterans on behalf of the individual(s) named below has been received and will be processed as quickly as possible. You should hear from us within			PAYEE APPLICANTS SSA OFFICE DATE REQUEST RECEIVED
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